



STATE OF MISSISSIPPI

OFFICE OF THE GOVERNOR
DIVISION OF MEDICAID

Dr. Robert L. Robinson
Executive Director

PROVIDER NOTICE

To: Medicaid Providers
Subject: Preferred Drug List Changes
Date: November 30, 2011

As a result of medication reviews by the Division of Medicaid's Pharmacy and Therapeutics Committee, the following changes will be made to DOM's Preferred Drug List **effective January 1, 2012**. Generic products are listed in lower case. For a comprehensive Preferred Drug List, refer to our website at www.medicaid.ms.gov, select Pharmacy services, go to menu on right hand side of page, and select PDL. This list is subject to change.

PREFERRED DRUG LIST CHANGES, EFFECTIVE JANUARY 1, 2012

Drug class	PDL Additions	Selected for Non-Preferred status
Acne Agents, topical <i>(authorized only for beneficiaries less than 21 years of age)</i>		Benzaclin® Kit; Clinac® BPO; Inova®; Inova ®4/1; Inova® 8/2; NuOx™
Alzheimers Agents		Aricept® 23mg; Exelon® solution; Namenda® solution
Androgenic agents		Axiron®
Analgesics, narcotics SA		butorphanol tartrate(nasal)
Angiotensin Modulator combinations		Tekamlo™
Angiotensin modulators		Endarbi®
Antibiotics, GI		Difidid™
Anticoagulants	Xarelto®	
Antidepressants	Paxil® suspension	paroxetine suspension
Antifungals, topicals	clotrimazole-betamethasone cr	ciclopirox kit/ shampoo/solution; clotrimazole-betamethasone lotion; Lamisil® solution; Naftin®
Brochodilators, Beta agonist		Arcapta™
Cephalosporin and related antibiotics	cefdinir cap	amoxicillin/clav XR; cefuroxime susp.
COPD agents		Daliresp®
NSAIDS		diclofenac SR; etodoloac cap/tab SR; fenoprofen; indomethacin cap ER;

		ketoprofen ER; oxaprozin
Ophthalmic antibiotics	Moxeza™	Azasite®;Neo-Polycin™; Terramycin/polymixin; Tobrex® ointment
Ophthalmics for Allergic Conjunctivitis		Alrex®
Ophthalmics, anti-inflammatories	prednisolone acetate; prednisolone sod. phosphate	bromfenac
Ophthalmics, Glaucoma agents	Alphagan® P 0.1%	Alphagan® P 0.15%
Platelet aggregation inhibitors		Brilinta™
Skeletal muscle relaxant		dantrolene
Steroids, Topical	amcinonide cr, lot; betameth diprop. cr, gel, lotion; betameth valerate cr, lotion, oint; clobetasol emollient; clobetasol propionate cr, gel, oint, sol; DesOwen ®lotion; desonide cr, oint; mometasone cr, oint; prednicarbate cr	amcinonide oint; betameth diprop/prop gly cr/ lotion/ oint ; bethamethasone diprop oint; clobetasol propionate foam; desonide lotion; Luxiq®; mometasone solution ; prednicarbate ointment
Stimulants and related agents <i>(prior authorization required for over 21 years of age)</i>		methylphenidate solution
Tetracyclines		doxycycline monohydrate 75, 100, and 150mg caps; docycycline monohydrate tablets; minocycline tablets